

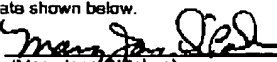
RECEIVED
CENTRAL FAX CENTER

NOV 13 2006

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated: November 13, 2006

Signature:


(Mary Jane Palma)Docket No.: ALXN-P01-102
(PATENT)**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:

Yi Wang

Application No.: 10/655,861

Confirmation No.: 7250

Filed: September 5, 2003

Art Unit: 1644

For: METHOD OF TREATMENT OF ASTHMA
USING ANTIBODIES TO COMPLEMENT
COMPONENT C5

Examiner: Vandervegt, Francois P.

RESPONSE TO RESTRICTION REQUIREMENT

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the restriction requirement set forth in the Office Action mailed October 12, 2006, Applicant hereby elects claims in Group I without traverse for continued examination. Please enter the following amendments.

Amendments to the claims begin on page 2 of this paper.

Remarks begin on page 9 of this paper.

11/15/2006 SLUANG1 00000015 181945 10655861

01 FC:2202 150.00 DA

10261193_1

NOV 13 2006

FAX TRANSMISSION**DATE:** November 13, 2006**PTO IDENTIFIER:** Application Number 10/655,861
Patent Number**Inventor:** Yi Wang**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** FISH & NEAVE IP GROUP, ROPES & GRAY LLP
Xuqiong Wu, Ph.D.**PHONE:** (617) 951-7728**Attorney Dkt. #:** ALXN-P01-102**PAGES (Including Cover Sheet):** 11**CONTENTS:** Fee Transmittal (1 page)
Response to Restriction Requirement (9 pages)
Charge \$150.00 to Deposit Account No. 18-1945
This Facsimile Cover Sheet (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 951-7615 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

FISH & NEAVE IP GROUP, ROPES & GRAY LLP
One International Place, Boston, Massachusetts 02110-2624
Telephone: (617) 951-7000 **Facsimile:** (617) 951-7050

RECEIVED
CENTRAL FAX CENTER

002/011

NOV 13 2006

PTO/SB/H7 (07-08)

Approved for use through 01/31/2007. OMB 0851-0032

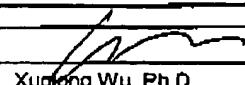
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

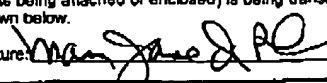
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|---|--|--|--|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005 | | Complete if Known Application Number 10/655,861 Filing Date September 5, 2003 First Named Inventor Yi Wang Examiner Name Vandervegt, Francois P. Art Unit 1644 Attorney Docket No. ALXN-P01-102 | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 150.00 | | | |

| | |
|--|--|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number 18-1945 Deposit Account Name Fish & Neave IP Group, Ropes & Gray LLP | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments | |

| | | | | | | | |
|---|---------------------|---|--------------------------------|----------------------------------|-------------------------|---------------------|-----------------------|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| | | <u>Small Entity</u> | | <u>Small Entity</u> | | <u>Small Entity</u> | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| | | | | | | <u>Small Entity</u> | |
| | | | | | | Fee (\$) | Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | 50 | 25 |
| Each independent claim over 3 (including Reissues) | | | | | | 200 | 100 |
| Multiple dependent claims | | | | | | 360 | 180 |
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | | |
| | 6 | 25.00 | 150.00 | Fee (\$) | Fee Paid (\$) | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | | |
| 0 | 0 | 200.00 | 0.00 | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | | | |
| | - 100 = | /50 | (round up to a whole number) x | | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| Other (e.g., late filing surcharge): | | | | | | | |

| | | | |
|---------------------|---|--|--------------------------|
| SUBMITTED BY | | | |
| Signature |  | Registration No. (Attorney/Agent) 55,745 | Telephone (617) 951-7728 |
| Name (Print/Type) | Xuqiong Wu, Ph.D. | Date | November 13, 2006 |

| | |
|--|---|
| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below. | |
| Dated: November 13, 2006 | Signature:  (Mary Jane DiPalma) |